

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: monospace;">10 598440</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep											
Total Depend											
Total Claims											

Filing Date

Application Number
10598440

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	1					
Total Depend	10					
Total Claims	11					

	Indep	Depend	Indep	Depend	Indep	Depend
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